



SHAOLIN KEMPO KARATE & Tai Chi

Pre-School, Children & Adult Programs

June 14, 2010 - July 12, 2010

No class on July 5, 2010



Raymond Recreation is offering, in cooperation with Julie and Ken Varrato of Martial Arts for Everyone, classes in Shaolin Kempo Karate for all ages. This is a non-contact karate class. The 4-week program meets Monday and Wednesday evenings at Raymond High School in Room 209.

PRE-SCHOOL KARATE will be held from 4:00 to 4:45pm for 3 to 5 year old children. The fee for the pre-school classes is **\$35.00** per child.

CHILDREN'S KARATE will be held from 4:45 to 5:45. The fee for children's classes is **\$45.00**.

ADULT KARATE is offered from 5:45 to 6:45 pm, the fee for adults is **\$55.00** for the session.

Tai Chi will be held from 6:45 to 7:45 pm and the fee is **\$55.00**

Each additional student is discounted \$5.00 off the cost of the session. Sponsorships are available please ask when registering. **There is a \$5.00 additional fee for all non-residents per session.**

Please wear loose clothing; for example, sneakers, warm-up pants, etc. Uniforms are available for purchase but they are not required. The last day to register for this session is the Friday before class begins. Registrations received after that date will be charged a **\$5.00 late fee.**

PLEASE MAKE CHECKS PAYABLE TO RAYMOND RECREATION. Checks and registration forms can be brought to the Recreation Office Mon. 8 am – 6 pm Tues. through Thurs. 8 am. – 3 pm, Fri. 8 am – 5 pm.

----- DETACH AND RETURN/KARATE -----

RELEASE AND WAIVER OF LIABILITY AND INDEMNITY AGREEMENT

In consideration of the permission granted to the participant named below to participate in the KARATE PROGRAM, I/we SHALL RELEASE, WAIVE DISCHARGE AND COVENANT NOT TO SUE the Town of Raymond, Recreation Department, their agent and employees from all liability for any and all loss or damage, and any claim or demands therefore on account of injury to the person or property or resulting in death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department its agents and employee or otherwise while the named participant participates in the KARATE PROGRAM.

I/we further agree to indemnify the Town of Raymond, Recreation Department, their agents and employees from any and all liability, loss or damage including but not limited to bodily injury, illness, death or property damage which the Town of Raymond, Recreation Department, their agents and employees become legally obligated to pay including reasonable attorneys' fees and costs, as a result of claims, demands, costs or judgments, against the Town of Raymond, Recreation Department, their agents and employees on account of injury to the person or property or resulting in the death of the named participant except in the case of gross or willful wanton negligence of the Town of Raymond, Recreation Department, their agents or employees and whether or not such liability is sole, joint or several.

I/we am aware that participation in this program may present a strain on my (or my child's) body, or its parts and therefore I represent to the Town of Raymond, Recreation Department that to the best of my knowledge, I am (or my child is) in a proper physical condition to allow me (or him/her) to participate and that I/we assume the risk of participating.

I/we understand that the above program involves traveling to various activity sites. I/we will accept full responsibility for the transportation of myself (or my child) to and from these activities and I/we release, indemnify and hold harmless and persons providing such transportation. I/we understand that in case of injury or illness, I/we will be notified. If it is impossible to contact me and it is an emergency, I/we hereby give permission to the attending physician to treat, hospitalize, administer anesthesia, or to order injections or surgery for my safety (or the safety of my child).

I/we, the parent/legal guardian, the undersigned, have read this release and understand all its terms. I/we execute it voluntarily and with full knowledge of its significance. I/we have executed this release on this date indicated next to my/our names.

PARTICIPANT'S NAME

DATE OF BIRTH

ADDRESS

TOWN

STATE

ZIP

PHONE

CLASS TIME

BELT RANK

EMERGENCY # (NOT HOME PHONE)

PARENT/GUARDIAN OR PARTICIPANT SIGNATURE

DATE